



Town of Pembroke

PO Box 866
PHONE #: 910-521-9758
FAX #: 910-521-0472

TENT OR AIR SUPPORTED STRUCTURE PERMIT APPLICATION

CONTRACTOR REQUESTING PERMIT

NAME: _____ OFFICE PHONE _____
ADDRESS: _____ FAX _____
CONTACT PERSON: _____ CELL _____ E-MAIL _____

EVENT INFORMATION

DATE OF EVENT _____ TIME EVENT STARTS _____
DESCRIPTION OF EVENT: _____
LOCATION/ADDRESS OF EVENT: _____
Date/Time Ready for Inspection _____ Date/Time to be removed _____
Please be aware that any inspections requested outside of normal business hours may require an additional after hour's inspection charge.

Circle all that Apply

Occupancy Type: Assembly Business Other _____ Occupancy Load/Capacity _____

Tent Information (if applicable)

- *Does the tent/s have? Heating Equipment Seating Electrical Service Cooking Equipment Contain: Hay Straw Wood shavings Other combustible material _____
 - *Are the tent/s and contents flame resistant and self extinguishing? Yes No
 - *Are the tent/s adequately guyed, staked, and/or fastened to withstand a wind pressure of not less than 20lbs per square foot of projected area? Yes No
 - *Does the tent occupy more than 75% of the premises that it is located on? Yes No
- Please note that a site layout must be provided showing dimensions, location of tent/s or air supported structures, and a parking layout. A floor plan must also be provided for tents showing dimensions, layout, fire extinguishers, and exits.*

The undersigned hereby makes application for a permit and the inspection of all work described above and hereby agrees to comply with all building regulations and other laws applicable to the use and type of construction of the building referred herein.

Signature _____ Date _____

FOR OFFICE USE BELOW THIS LINE

Approved by: _____ Date: _____ Fee: _____ Permit # _____